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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
BENTON OFFICE

Honorable J. Phil Gilbert
United States District Judge
For the Southern District of Illinois
301 West Main Street
Benton, IL 62812

March 10, 2016

Re: RYAN STEIN 06714-025 Case Number: 4:05CR40033-004-JPG

Your Honor:

I am a volunteer attorney with Clemency Project 2014. Clemency Project 2014 had an overwhelming request for assistance and therefore has decided to streamline the process by which they evaluate applicants. As part of the pre-screening process, I, along with other volunteers, will review the Presentence Investigation Report and other documents to determine whether an applicant appears qualified for participation based upon pre-screening criteria developed by Clemency Project 2014. If it is determined that the applicant appears to meet the criteria, an attorney volunteering for Clemency Project 2014 will take on the applicant's case.

I will disclose the Presentence Investigation Report only to members of the Screening and Steering Committees who have executed non-disclosure agreements and, as explained above, to any attorney who might later be assigned the case through Clemency Project 2014. Additionally, the Presentence Investigation Report will be disclosed to the Office of the Pardon Attorney as a required attachment to a petition for clemency, if in fact a petition is ultimately prepared.

No other disclosure of the Presentence Investigation Report shall be made and the Presentence Investigation Report will not be provided to the client. I will destroy the Presentence Investigation upon conclusion of representation. Members of Clemency Project 2014 who have received a copy of the report also agree to destroy any copies upon completion of their review of the case.

The Criminal Law Committee of the United States Courts has reviewed and endorsed procedures allowing the Bureau of Prisons to release Presentence Investigative Reports to Clemency Project 2014 volunteers upon consent of the inmate two weeks from the date notice has been sent to the sentencing court, unless the court exercises its discretion and objects to such disclosure by directing the objection, if any, to: BOPClemency2014@bop.gov.

RYAN STEIN has sent me the attached consent form. Accordingly, I respectfully request that if you have an objection to the disclosure of the Presentence Investigation Report, you advise the Bureau of Prisons of such objection.

A handwritten signature in cursive script, appearing to read "JaneAnne Murray".

JaneAnne Murray

FOR COMPLETION BY ATTORNEY OF RECORD		
	Initials	Date
I will use the PSR/SOR exclusively for their representation of the inmate in connection with CP14.	<i>JS</i>	7/27/2015
I will disclose the PSR/SOR, with the inmate's authorization, only to members of CP14's screening and steering committees who have executed nondisclosure agreements, and to the Office of the Pardon Attorney as a required attachment to any petition for clemency.	<i>JS</i>	7/27/2015
I acknowledge no other disclosure of the PSR/SOR is permitted.	<i>JS</i>	7/27/2015
I acknowledge that under no circumstances will copies of the PSR/SOR be provided to an inmate in custody of the BOP.	<i>JS</i>	7/27/2015
I will destroy the PSR/SOR upon the conclusion of the representation.	<i>JS</i>	7/27/2015
I have notified the sentencing court of this request for the PSR/SOR.	<i>JS</i>	7/27/2015
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.	<i>JS</i>	7/27/2015
Attorney Printed Name:	JaneAnne Murray	
Attorney Signature:	<i>JaneAnne Murray</i>	
Date:	7/27/2015	
Attorney Mailing Address:	P.O. Box 66686, Washington, DC 20035	
Attorney E-Mail Address:		
Attorney Phone Number:	(612) 339-5160	
FOR INMATE COMPLETION		
	Initials	Date
I authorize staff of the Federal Bureau of Prisons to release to the above attorney a copy of the PSR and SOR used in my criminal case.	<i>RS</i>	8-16-15
I understand that I may revoke this consent in writing at any time except to the extent that disclosure has already been made based on that consent.	<i>RS</i>	8-6-15
This consent is effective for twelve months from date of signature.	<i>RS</i>	8-6-15
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.	<i>RS</i>	8-6-15
Inmate Printed Name:	Ryan Stein	
Inmate Register Number:	06714-025	
Inmate Signature:	<i>Ryan Stein</i>	
Date:	8-6-15	